

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

1444 DUKE STREET

Check if different  
than previously  
reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00255695

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2023

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hagopian, Todd, Christopher, ,

Type or Print Name of Treasurer

Signature of Treasurer

Hagopian, Todd, Christopher, ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 20 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

MM / DD / YYYY  
02 / 01 / 2023

To:

MM / DD / YYYY  
02 / 28 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		255395.26
(b) Cash on Hand at Beginning of Reporting Period.....	273644.62	
(c) Total Receipts (from Line 19) .....	75250.80	160941.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	348895.42	416336.89
7. Total Disbursements (from Line 31).....	68233.08	135674.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	280662.34	280662.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	4212.74	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**Federal Election Commission  
999 E Street, NW  
Washington, DC 20463Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
02 / 01 / 2023

To:

M M / D D / Y Y Y Y  
02 / 28 / 2023
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16005.12

28541.12

(ii) Unitemized .....

58198.28

131037.31

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

74203.40

159578.43

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

74203.40

159578.43

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1047.40

1363.20

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

75250.80

160941.63

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

75250.80

160941.63

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	66948.82	132895.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	66948.82	132895.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	100.75
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	100.75
29. Other Disbursements (Including Non-Federal Donations).....	1234.26	2678.33
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68233.08	135674.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68233.08	135674.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	74203.40	159578.43
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	100.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74153.40	159477.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	66948.82	132895.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	66948.82	132895.47

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

The additional information disclosed in this report reflect the results of Treasurer's Best Efforts.

Form/Schedule:  
Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aitken, David, , Mr.,

Mailing Address 1240 N OGDEN ST APT 4

City  
DENVERState  
COZip Code  
80218-1930FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11Al.190939

Amount of Each Receipt this Period

103.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Alvar, Nestor, , ,

Mailing Address 3102 Ridgcrest Ln

City  
San AngeloState  
TXZip Code  
76904-7437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concho Valley Perfusion, Inc.Occupation (for Individual)  
Perfusionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11Al.190952

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bamler, William, , Mr.,

Mailing Address 2381 Port Williams Dr

City  
StowState  
OHZip Code  
44224-1981FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2023

Transaction ID : SA11Al.191036

Amount of Each Receipt this Period

75.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

306.75

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barricklow, Wayne, J., ,**

Mailing Address 3043 SE Banyan St

City  
Stuart

State  
FL

Zip Code  
34997-7807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CTS, LLC

Occupation (for Individual)  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11AI.191062**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BitPay Merchant Services**

Mailing Address 3423 Piedmont Rd NE  
Suite 200

City  
Atlanta

State  
GA

Zip Code  
30305-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2023

**Transaction ID : SA11AI.194458**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Payment in Bitcoin Processed through Bitpay (see memo)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rogers, Joshua, , ,**

Mailing Address 170 24TH AVE

City  
SANTA CRUZ

State  
CA

Zip Code  
95062-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RPM Training Co.

Occupation (for Individual)  
CCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2023

**Transaction ID : SA11AI.194458.0**

Amount of Each Receipt this Period

100.00

☒ Memo Item  
Contribution made using Bitpay

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 79  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Black, Nicholas, Loren, ,**

Mailing Address 855 PEACHTREE ST NE UNIT 3204

City  
ATLANTAState  
GAZip Code  
30308-7437FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Microsoft

Occupation (for Individual)

computer scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2023

Transaction ID : SA11AI.191152

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blake, Clay, Austin, Mr.,**

Mailing Address 8842 HIGHWAY Z

City  
FORTUNAState  
MOZip Code  
65034-2011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Koechner ManufacturingOccupation (for Individual)  
Head of Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.191157

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blankenship, Van, Allen, Mr.,**

Mailing Address 151 Dexter Cir

City  
MadisonState  
ALZip Code  
35757-8005FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bastion Technologies

Occupation (for Individual)

Aerospace Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2023

Transaction ID : SA11AI.191163

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Carpenter, Brad, , ,**

Mailing Address 571 Secretariat Ct

City  
RenoState  
NVZip Code  
89521-6255FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Urology NevadaOccupation (for Individual)  
IT Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.191387

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cavin, Marc, Joseph, Mr.,**Mailing Address 1901 N GRANT ST  
APT 612City  
DENVERState  
COZip Code  
80203-1569FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kellogg CompanyOccupation (for Individual)  
Planning Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.191412

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cenkus, Mark, A, Mr,**

Mailing Address 6810 CHESSLEY CHASE DR

City  
SUGAR LANDState  
TXZip Code  
77479-5951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.191419

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chilcoat, Andrew, , Mr.,**

Mailing Address 99 Glebe Rd

City  
Summerville

State  
SC

Zip Code  
29485-8377

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USAF

Occupation (for Individual)  
Air Transportation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2023

**Transaction ID : SA11AI.191438**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Claytor, Christopher, John, ,**

Mailing Address 8717 MANDEVILLA DR

City  
PLANO

State  
TX

Zip Code  
75024-7292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
T-Mobile

Occupation (for Individual)  
IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11AI.191468**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Corriere, Shane, A., Mr.,**

Mailing Address 1736 BARON DR

City  
YORK

State  
PA

Zip Code  
17408-2245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CA Weber Agency

Occupation (for Individual)  
Insurance Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11AI.191548**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dallmann, De, , ,

Mailing Address 15707 S RIVER RD

City  
PlainfieldState  
ILZip Code  
60544-8119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

US DOE

Occupation (for Individual)

Supervisory Physical Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11Al.191616

Amount of Each Receipt this Period

103.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Depoy, Jeffrey, Scott, ,

Mailing Address 33601 CRYSTAL SPRINGS RD

City

BERRIEN CTR

State

MI

Zip Code

49047-8701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

JMC Industries

Occupation (for Individual)

Machinist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11Al.191679

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dow, Nancy, S., , MD

Mailing Address 13237 OSTERPORT DR

City

SILVER SPRING

State

MD

Zip Code

20906-5912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

retired pathologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023

Transaction ID : SA11Al.191731

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

278.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 79

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dugger, Nicholas, , ,**

Mailing Address 4117 PARKRIDGE DR

City  
Saint Paul

State  
MN

Zip Code  
55110-7600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Sr Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11Al.191756**

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Elliott, Ken, Rollin, Mr.,**

Mailing Address 852 WHITCOMB WOODS DR

City  
Troy

State  
MO

Zip Code  
63379-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Flooring Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11Al.191808**

Amount of Each Receipt this Period

103.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Fox, Drake, , Mr.,**

Mailing Address 7602 Owl Roost Ct

City  
Wilmington

State  
NC

Zip Code  
28411-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Spirit Airlines

Occupation (for Individual)

Pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11Al.191934**

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 79

(check only one)

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gearhart, Scott, Edward, ,**

Mailing Address 8325 DUBBS DR

City  
SEVERNState  
MDZip Code  
21144-3320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAOccupation (for Individual)  
Na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1555.30

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2023

Transaction ID : SA11AI.192024

Amount of Each Receipt this Period

1545.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gearhart, Scott, Edward, ,**

Mailing Address 8325 DUBBS DR

City  
SEVERNState  
MDZip Code  
21144-3320FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAOccupation (for Individual)  
Na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.60

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2023

Transaction ID : SA11AI.192025

Amount of Each Receipt this Period

10.30

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Graft, Thomas, Osborn, ,**

Mailing Address 3515 CASTLE HILL DR

City  
WOODBIDGEState  
VAZip Code  
22193-5326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Key GroupOccupation (for Individual)  
Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023

Transaction ID : SA11AI.192100

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2055.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 79

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Graham, Daniel, , ,**

Mailing Address 5920 RED HOLLOW RD

City  
BIRMINGHAMState  
ALZip Code  
35215-8518FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rivertech LLCOccupation (for Individual)  
Military contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

Transaction ID : SA11Al.192101

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Green, Jake, , Mr.,**

Mailing Address 4514 CHAMBLEE DUNWOODY RD

City  
ATLANTAState  
GAZip Code  
30338-6272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Filmmaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11Al.192122

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Greenlee, Jonathan, N, ,**

Mailing Address 7100 Oak Street, Arvada, CO

City  
Arvada, COState  
COZip Code  
80004-1460FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Golden Mountain MontessoriOccupation (for Individual)  
Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11Al.192125

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

378.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 79  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Haggerty, James, P., ,**

Mailing Address 1128 VIA GRANDE

City  
CATHEDRAL CTYState  
CAZip Code  
92234-4300FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Real Estate

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192171

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haseloff, Robert, Henry, , Jr**

Mailing Address 4320 LAURIE MICHELLE RD

City  
SAN ANTONIOState  
TXZip Code  
78261-1821FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USAA

Occupation (for Individual)

Contract negotiator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192238

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Healy, William, C., Mr.,**Mailing Address 10002 AURORA AVE N # 5551  
5551City  
SEATTLEState  
WAZip Code  
98133-9347FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LMRC

Occupation (for Individual)

therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192265

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

503.75



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 79  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hertel, Jeremy, , ,**

Mailing Address 706 Frame Rd

City  
NewburghState  
INZip Code  
47630-1607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Audubon MetalsOccupation (for Individual)  
Software Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192300

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hopkins, William, Robert, Mr, Jr**

Mailing Address 2609 W SOUTHERN AVE LOT 158

City  
TEMPEState  
AZZip Code  
85282-4219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alaska AirlinesOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192354

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, Matthew, , ,**

Mailing Address 908 New Bedford Dr

City  
DelandState  
FLZip Code  
32724-2952FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marketing General Inc.Occupation (for Individual)  
Online Marketing Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192456

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 79

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Karpicke, John, A, Dr,**

Mailing Address 1152 IVY LN

City  
IndianapolisState  
INZip Code  
46220-2657FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NoneOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2023

Transaction ID : SA11AI.192494

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kepner, Scott, Darrell, ,**

Mailing Address 940 EMMETT AVE STE 200

City  
BELMONTState  
CAZip Code  
94002-3864FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Village PropertiesOccupation (for Individual)  
Sr VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2023

Transaction ID : SA11AI.192534

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kerr, William, James, , Jr**

Mailing Address 4393 EMERALD LAKES BLVD

City  
POWELLState  
OHZip Code  
43065-7524FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radiology PartnersOccupation (for Individual)  
Director Security Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192540

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2257.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kula, Christopher, James, Mr.,**

Mailing Address 863 VERMONT ST

City  
OAKLANDState  
CAZip Code  
94610-2120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Web Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192631

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kurczynski, Brodie, , ,**

Mailing Address 23702 Porpoise Cv

City  
Laguna NiguelState  
CAZip Code  
92677-1667FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PlayStationOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2023

Transaction ID : SA11AI.192636

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Laurent, Thomas, Joseph, Mr,**

Mailing Address 2895 LAKE RD # 508

City  
HUNTSVILLEState  
TXZip Code  
77340FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2023

Transaction ID : SA11AI.192684

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

507.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 79

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Libkind, Ark, Isaac, ,**

Mailing Address 8700 FRONTENAC ST

City  
Philadelphia

State  
PA

Zip Code  
19152-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prime Home Care, Inc.

Occupation (for Individual)  
Board Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192738

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Macias, Matthew, , ,**

Mailing Address 616 N 7TH ST  
APT 737

City  
SAINT LOUIS

State  
MO

Zip Code  
63101-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hogan Transportation

Occupation (for Individual)  
OTR Semi-Truck Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192809

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mazzetti, Matthew, , ,**

Mailing Address 2258 BURGUNDY DR

City  
MACUNGIE

State  
PA

Zip Code  
18062-8771

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wendy's

Occupation (for Individual)  
Crew

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.192892

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Music, Amanda, Marie, Ms,**

Mailing Address 142 SEDGWICK RD

City  
WEST HARTFORDState  
CTZip Code  
06107-2932FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tokio Marine HCCOccupation (for Individual)  
Insurance Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
02 / 18 / 2023

Transaction ID : SA11AI.193088

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nevins, Michael, Olen, ,**

Mailing Address 4880 BROOKLYN RD

City  
JACKSONState  
MIZip Code  
49201-7814FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193108

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Palmer, Brady, , Mister,**

Mailing Address 841 E DUSTY ROCK PL

City  
SANDYState  
UTZip Code  
84094-5307FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Airmethods Corp.Occupation (for Individual)  
Helicopter Mechanic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
02 / 14 / 2023

Transaction ID : SA11AI.193204

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

503.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 79

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pelletier, Justin, M., Dr., PhD**

Mailing Address 2 MISTY PINE RD

City  
FairportState  
NYZip Code  
14450-2610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rochester Institute of TechnologyOccupation (for Individual)  
Professor of Practice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193255

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perkins, Timothy, Joash, ,**

Mailing Address PO BOX 13573

City  
SALEMState  
ORZip Code  
97309-1573FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/aOccupation (for Individual)  
Father

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193260

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pohler, Clinton, James, Mr.,**Mailing Address 609 HI CIR N  
UNIT ACity  
HORSESHOE BAYState  
TXZip Code  
78657-5827FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coupa SoftwareOccupation (for Individual)  
Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193319

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Potter, Pamela, E, ,**

Mailing Address 538 SPRING PLACE RD NE

City  
WHITE

State  
GA

Zip Code  
30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 12 / 2023

Transaction ID : SA11AI.193338

Amount of Each Receipt this Period

300.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Press, Jonathan, , ,**

Mailing Address 844 W Wisconsin St

City  
Chicago

State  
IL

Zip Code  
60614-5063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info Requested

Occupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193346

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roberson, David, , ,**

Mailing Address 802 BANISTER LN

City  
AUSTIN

State  
TX

Zip Code  
78704-6958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self employed

Occupation (for Individual)  
Tax Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2023

Transaction ID : SA11AI.193462

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 79

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schlegel, Kenneth, Lee, ,**

Mailing Address 1169 LORD DUNMORE DR

City  
VIRGINIA BEACHState  
VAZip Code  
23464-5447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193588

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sears, William, Irving, ,**

Mailing Address 62324 CHUBB RD

City  
RAYState  
MIZip Code  
48096-3105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SRM ConcreteOccupation (for Individual)  
Mixer Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2023

Transaction ID : SA11AI.193642

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seebeck, Michael, William John, Mr,**

Mailing Address 347 PINE HILL CIR

City  
UNION GROVEState  
ALZip Code  
35175-9436FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lockheed Martin

Occupation (for Individual)

Systems Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193647

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 79  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sorenson, William, George, ,**

Mailing Address 4915 EAGLE CREEK BLVD

City  
SHAKOPEEState  
MNZip Code  
55379-8001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nevelex CorporationOccupation (for Individual)  
System Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193790

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spears, David, , ,**

Mailing Address 15808 WEEPING VALLEY DR

City  
PINEVILLEState  
NCZip Code  
28134-6456FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BoschOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2023

Transaction ID : SA11AI.193799

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Specht, Christian, E, Mr,**

Mailing Address PO BOX 340272

City  
MILWAUKEEState  
WIZip Code  
53234-0272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Best Efforts Info RequestedOccupation (for Individual)  
Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2023

Transaction ID : SA11AI.193800

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spilotros, Michael, Elio, Mr,**

Mailing Address PO BOX 876

City  
MCCALL

State  
ID

Zip Code  
83638-0876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
real estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2023

Transaction ID : SA11AI.193809

Amount of Each Receipt this Period

1440.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Starchild, No First Name, , ,**

Mailing Address 3531 16TH ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94114-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.72

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2023

Transaction ID : SA11AI.193822

Amount of Each Receipt this Period

480.72

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stewart, Scott, Alan, Mr.,**

Mailing Address 8401 E APPOMATTOX ST

City  
TUCSON

State  
AZ

Zip Code  
85710-2922

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Control Vision, Inc.

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

466.80

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023

Transaction ID : SA11AI.193860

Amount of Each Receipt this Period

386.80

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2307.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. St John, James, Joseph, Mr,**

Mailing Address 3421 W BONNER DR

City  
NORFOLK

State  
VA

Zip Code  
23513-4250

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Assured Construction

Occupation (for Individual)  
Carpenter/Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2023

**Transaction ID : SA11AI.193813**

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Strugatskiy, Ivan, , ,**

Mailing Address 1081 PALMER AVE

City  
LARCHMONT

State  
NY

Zip Code  
10538-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IVS Adviaory LLC

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11AI.193888**

Amount of Each Receipt this Period

150.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sugden, Ryan, , ,**

Mailing Address 16422 NE 29TH ST

City  
BELLEVUE

State  
WA

Zip Code  
98008-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

**Transaction ID : SA11AI.193895**

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

403.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Swier, Schuyler, , ,

Mailing Address 107 N BENTON DR  
APT 107

City  
SAUK RAPIDS

State  
MN

Zip Code  
56379-1486

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Best Efforts Info Requested

Occupation (for Individual)

Best Efforts Info Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023

Transaction ID : SA11AI.193918

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Test, Charles, Davol, Mr.,

Mailing Address 2710 2ND AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55408-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2023

Transaction ID : SA11AI.193949

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Todd, Jeremy, Ryan, ,

Mailing Address 116 CARRIAGE PARK DR

City

ALEXANDRIA

State

KY

Zip Code

41001-1079

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PNC Bank

Occupation (for Individual)

Assistant Branch Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.193971

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

378.75

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Uremovich, Cheryl, , ,

Mailing Address 8602 RANDOLPH ST

City  
CROWN POINTState  
INZip Code  
46307-8818FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Domestic Goddess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.80

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2023

Transaction ID : SA11AI.194039

Amount of Each Receipt this Period

121.80

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Uremovich, Cheryl, , ,

Mailing Address 8602 RANDOLPH ST

City  
CROWN POINTState  
INZip Code  
46307-8818FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Domestic Goddess

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.80

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023

Transaction ID : SA11AI.194040

Amount of Each Receipt this Period

25.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vogel, Christopher, , ,

Mailing Address 3845 McGrath Dr

City  
DublinState  
OHZip Code  
43016-4173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NetJets Inc.Occupation (for Individual)  
pilot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.194078

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

271.80

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 79  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wescott, Thomas, R., ,**

Mailing Address 86-177 Moeha St

City  
WaianaeState  
HIZip Code  
96792-4407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commercial Plumbing Inc.Occupation (for Individual)  
Plumber

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.194157

Amount of Each Receipt this Period

128.75

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Windsor, Brett, Andrew, Dr.,**Mailing Address 21300 LANCASTER RUN UNIT 925  
UNIT 925City  
ESTEROState  
FLZip Code  
33928-6300FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAIOMTOccupation (for Individual)  
Physical Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.194233

Amount of Each Receipt this Period

125.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wray, Justin, , ,**

Mailing Address 185 Jonathan Way N

City  
Red LionState  
PAZip Code  
17356-9038FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CoreBTSOccupation (for Individual)  
Cyber Security

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2023

Transaction ID : SA11AI.194263

Amount of Each Receipt this Period

180.25

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

434.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 79

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zentz, Samuel, , ,

Mailing Address 950 E Lilac Dr

City  
TempeState  
AZZip Code  
85281-1623FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Carpenter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2023

Transaction ID : SA11AI.194316

Amount of Each Receipt this Period

257.50

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

257.50

16005.12

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.



Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '02'. The second display is labeled 'D D' and shows the number '07'. The third display is labeled 'Y Y Y Y' and shows the year '2023'.

Memo Item

 Memo Item



**X** Memo Item

583.75

FEC Schedule B (Form 3X) Rev. 05/2016



: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194352

See BB&T Visa 02-28-23

Form/Schedule: SB21B

Transaction ID: SB21B.194351

See BB&T Visa 02-28-23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. ARC HOTEL Washington DC**

Mailing Address 824 New Hampshire Ave NW

City  
WashingtonState  
DCZip Code  
20037-0000Purpose of Disbursement  
Travel - Hotel - 002

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	3		

FEC Identification Number

**C**

Transaction ID : SB21B.19435

Amount of Each Disbursement this Period

445.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address PO Box 536216

City  
AtlantaState  
GAZip Code  
30353-6216Purpose of Disbursement  
Wireless Wi-Fi Router

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	3		

FEC Identification Number

**C**

Transaction ID : SB21B.19435

Amount of Each Disbursement this Period

68.29

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T Truist Visa**

Mailing Address PO BOX 580340

City  
CharlotteState  
NCZip Code  
28258-0340Purpose of Disbursement  
Credit Card Payment See Memo

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	3		

FEC Identification Number

**C**

Transaction ID : SB21B.19435

Amount of Each Disbursement this Period

5745.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5745.22

: 97 `A-G79 @C B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194354

See BB&T Visa 02-28-23

Form/Schedule: SB21B

Transaction ID: SB21B.194355

See BB&T Visa 02-28-23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Buchkovich, Andrew, L., ,**

Mailing Address 12594 W Dakota Ave Apt 201

City  
LakewoodState  
COZip Code  
80228-2535Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1							2023

FEC Identification Number

**C** 

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

 792.39☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Buchkovich, Andrew, L., ,**

Mailing Address 12594 W Dakota Ave Apt 201

City  
LakewoodState  
COZip Code  
80228-2535Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5							2023

FEC Identification Number

**C** 

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

 792.40☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Butts, Matthew, , Mr.,**

Mailing Address 1848 El Rey St

City  
RosamondState  
CAZip Code  
93560-7559Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1							2023

FEC Identification Number

**C** 

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

 1084.68☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 2669.47

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Butts, Matthew, , Mr.,**

Mailing Address 1848 El Rey St

City  
RosamondState  
CAZip Code  
93560-7559Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2023

FEC Identification Number

C

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

1084.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CareFirst BlueChoice, Inc.**

Mailing Address PO Box 79749

City  
BaltimoreState  
MDZip Code  
21279-0749Purpose of Disbursement  
Employee health and Dental

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

1418.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Comcast**

Mailing Address PO Box 37601

City  
PhiladelphiaState  
PAZip Code  
19101-0601Purpose of Disbursement  
Cable Internet & Phone

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2023

FEC Identification Number

C

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

844.85

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2502.72

TOTAL This Period (last page this line number only)..... ▶

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194356

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Cooley, Johnathan, , ,**

Mailing Address 89 Morning Dew Rd

City  
LaurelState  
MSZip Code  
39443-0000Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	3	

FEC Identification Number

**C** **Transaction ID : SB21B.19438**

Amount of Each Disbursement this Period

 1526.78☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cooley, Johnathan, , ,**

Mailing Address 89 Morning Dew Rd

City  
LaurelState  
MSZip Code  
39443-0000Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	3	

FEC Identification Number

**C** **Transaction ID : SB21B.19438**

Amount of Each Disbursement this Period

 1689.54☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CoreSpace, Inc.**

Mailing Address 7505 John W. Carpenter Fwy

City  
DallasState  
TXZip Code  
75247-0000Purpose of Disbursement  
Monthly Server Hosting Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	3	

FEC Identification Number

**C** **Transaction ID : SB21B.19438**

Amount of Each Disbursement this Period

 451.14☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 3216.32

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194357

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Digital Ocean, Inc.**

Mailing Address 101 6th Ave

City  
New YorkState  
NYZip Code  
10013-0000Purpose of Disbursement  
Software

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19435

Amount of Each Disbursement this Period

6.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dropbox, Inc.**

Mailing Address 185 Berry St STE 400

City  
San FranciscoState  
CAZip Code  
94107-0000Purpose of Disbursement  
File Sharing Software

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19435

Amount of Each Disbursement this Period

19.99

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Duracard, Inc.**

Mailing Address 8800 Foundry St.

City  
SavageState  
MDZip Code  
20763-9512Purpose of Disbursement  
Membership Card Materials

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19435

Amount of Each Disbursement this Period

271.46

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194358

See BB&T Visa 02-28-23

Form/Schedule: SB21B

Transaction ID: SB21B.194359

See BB&T Visa 02-28-23

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194360

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Memo Item

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: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194361

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Withholding

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19438

Amount of Each Disbursement this Period

2520.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Company

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19438

Amount of Each Disbursement this Period

252.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Employee

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19438

Amount of Each Disbursement this Period

252.72

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3025.44

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Company

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19439

Amount of Each Disbursement this Period

1080.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Social Security Employee

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19439

Amount of Each Disbursement this Period

1080.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Unemployment

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19439

Amount of Each Disbursement this Period

8.77

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2169.95

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Withholding

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19439

Amount of Each Disbursement this Period

178.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Company

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19439

Amount of Each Disbursement this Period

27.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Employee

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.19439

Amount of Each Disbursement this Period

27.85

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

233.70



<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

C
---

119.08

 Memo Item

MM / DD / YYYY

C

Category/  
Type

119.08

Memo Item



FEC Identification Number

Category/  
Type

42.50

Memo Item

280.66

[illegible]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Federal Withholding

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.19439

Amount of Each Disbursement this Period

2576.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Company

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.19440

Amount of Each Disbursement this Period

274.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Financial Agent Federal Tax Deposit**

Mailing Address PO Box 970030

City  
St. LouisState  
MOZip Code  
63197-0030Purpose of Disbursement  
Medicare Employee

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.19441

Amount of Each Disbursement this Period

274.71

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

3125.42

TOTAL This Period (last page this line number only)..... ►

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

C
---

1174.62

Memo Item

C

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

1174.62

 Memo Item



C \_\_\_\_\_

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

380.00

Memo Item

2729.24

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

### A. Fresh IP PLC

Date of Disbursement



C

Transaction ID : SB21B.19444

Amount of Each Disbursement this Period

825.00

 Memo Item

State:  District:

**B. GoDaddy.com, Inc.**

Date of Disbursement

MM / DD / YYYY

C

Transaction ID : SB21B.19436

Amount of Each Disbursement this Period

62.51

 Memo Item

State:  District:

C. Google, Inc.

Date of Disbursement

☐

Transaction ID : SB21B.19436

Amount of Each Disbursement this Period

1053.78

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

825.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194362

See BB&T Visa 02-28-23

Form/Schedule: SB21B

Transaction ID: SB21B.194363

See BB&T Visa 02-28-23

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Hall, Oliver, , ,**

Mailing Address 1835 16th St NW #5

City  
WashingtonState  
DCZip Code  
20009-0000Purpose of Disbursement  
Legal Retainer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3	

FEC Identification Number

**C**

Transaction ID : SB21B.19440

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hreha, Andrew, Michael, Mr,**Mailing Address 1814 ACHESON AVE  
PO BOX 284City  
NORTH APOLLOState  
PAZip Code  
15673Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	2	3	

FEC Identification Number

**C**

Transaction ID : SB21B.19440

Amount of Each Disbursement this Period

1210.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Hreha, Andrew, Michael, Mr,**Mailing Address 1814 ACHESON AVE  
PO BOX 284City  
NORTH APOLLOState  
PAZip Code  
15673Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	3	

FEC Identification Number

**C**

Transaction ID : SB21B.19440

Amount of Each Disbursement this Period

1233.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6944.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Hudson, Matthew, , ,**

Mailing Address 120 ASH ST

City  
GARDNERState  
MAZip Code  
01440-2130Purpose of Disbursement  
Graphic Design Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2023

FEC Identification Number

**C** Transaction ID : SB21B.19441

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hudson, Matthew, , ,**

Mailing Address 120 ASH ST

City  
GARDNERState  
MAZip Code  
01440-2130Purpose of Disbursement  
Graphic Design Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2023

FEC Identification Number

**C** Transaction ID : SB21B.19441

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Huston, Elaine, , ,**

Mailing Address 1115 Town Creek Dr Unit 455

City  
AustinState  
TXZip Code  
78741-1517Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2023

FEC Identification Number

**C** Transaction ID : SB21B.19441

Amount of Each Disbursement this Period

4726.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8326.83

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Memo Item



**X** Memo Item

M M / D D / Y Y Y Y  
02 07 2023

Memo Item



: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194364

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

### A. Joinery

MM / DD / YYYY  
02 / 15 / 2023

Category/  
Type

1000.00

 Memo Item

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

B. Kraus, Robert, Steven, .

2019.28

Memo Item

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) \_\_\_\_\_

State:  District:

C. Kraus, Robert, Steven, ,



2019.30

Memo Item

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

4038.58

**TOTAL** This Period (last page this line number only).....

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194365

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:



: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194366

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

Memo Item

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194367

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

MM / DD / YYYY  
02 / 15 / 2023

Category/  
Type

49.53

Memo Item

State:  District:

MM / DD / YYYY

Category/  
Type

310.40

**X** Memo Item

State:  District:

Category/  
Type

389.18

Memo Item

State:  District:

438.71



: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194368

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
RenoState  
NVZip Code  
89520-3015Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1							2023

FEC Identification Number

C

Transaction ID : SB21B.19442

Amount of Each Disbursement this Period

161.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
RenoState  
NVZip Code  
89520-3015Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2							2023

FEC Identification Number

C

Transaction ID : SB21B.19442

Amount of Each Disbursement this Period

13.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. QuickBooks Payroll Service**

Mailing Address PO Box 30015

City  
RenoState  
NVZip Code  
89520-3015Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5							2023

FEC Identification Number

C

Transaction ID : SB21B.19442

Amount of Each Disbursement this Period

26.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

201.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Stripe, Inc.**

Mailing Address 510 Townsend Street

City  
San FranciscoState  
CAZip Code  
94103-0000Purpose of Disbursement  
Merch Processing Fee

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19443

Amount of Each Disbursement this Period

3061.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The WordTech Group**

Mailing Address 395 Circle of Progress Dr.

City  
PottstownState  
PAZip Code  
19464-0000Purpose of Disbursement  
Postage

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19443

Amount of Each Disbursement this Period

982.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thexton, Matthew, A., Mr.,**

Mailing Address 7219 Gordons Rd

City  
Falls ChurchState  
VAZip Code  
22043-0000Purpose of Disbursement  
Employee Net Pay

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19443

Amount of Each Disbursement this Period

1288.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

5331.94

TOTAL This Period (last page this line number only).....▶

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.



District:

MM / DD / YYYY

District:



District:

4984.31

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address PO Box 86100

City  
ChicagoState  
ILZip Code  
60666-0100Purpose of Disbursement  
Travel - Air

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19436

Amount of Each Disbursement this Period

439.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. UPS - United Parcel Service**

Mailing Address PO Box 7247-0244

City  
PhiladelphiaState  
PAZip Code  
19170-0001Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	2		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19444

Amount of Each Disbursement this Period

66.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UPS - United Parcel Service**

Mailing Address PO Box 7247-0244

City  
PhiladelphiaState  
PAZip Code  
19170-0001Purpose of Disbursement  
Shipping Services

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

54.70

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194369

See BB&T Visa 02-28-23

Form/Schedule: SB21B

Transaction ID: SB21B.194446

See Zissman, Joshua 02-22-23

: 97 `A=G79 @Q5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @Q`CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194370

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.

FEC Schedule B (Form 3X) Rev. 05/2016



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Unemployment Company

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2023

FEC Identification Number

**C** Transaction ID : SB21B.19444

Amount of Each Disbursement this Period

6.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Unemployment Company

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2023

FEC Identification Number

**C** Transaction ID : SB21B.19444

Amount of Each Disbursement this Period

28.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Virginia Dept. of Taxation**

Mailing Address PO Box 26644

City  
RichmondState  
VAZip Code  
23261-6644Purpose of Disbursement  
VA - Withholding

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2023

FEC Identification Number

**C** Transaction ID : SB21B.19444

Amount of Each Disbursement this Period

136.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.80

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 79

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

**A. Zoom Video Communications, Inc.**

Mailing Address 55 Almaden Boulevard, 6th Floor

City  
San JoseState  
CAZip Code  
95113-0000Purpose of Disbursement  
Video Conf Services

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3							2023

FEC Identification Number

C

Transaction ID : SB21B.19437

Amount of Each Disbursement this Period

52.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

66555.06

: 97 `A=G79 @Q5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @Q`CF`+H9A=N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.194371

See BB&T Visa 02-28-23

Form/Schedule:

Transaction ID:

	21b		22		23		26		27
	28a		28b		28c	<b>x</b>	29		30b

LIBERTARIAN NATIONAL COMMITTEE, INC.



330.00

 Memo Item

MM / DD / YYYY

356.27

Memo Item

Age Group	Number of People
0-14	10
15-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65+	210

Memo Item

896.27

896.27

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 77 OF 79

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Aiken, David, , ,**

Nature of Debt (Purpose):

Civi-CRM &amp; Campaign Support

Mailing Address 1240 N Ogden St #4

City  
DenverState  
COZip Code  
80218-0000

Outstanding Balance Beginning This Period

583.75

Transaction ID : SD10.190904

Amount Incurred This Period

0.00

Payment This Period

583.75

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Aiken, David, , ,**

Nature of Debt (Purpose):

Civi-CRM &amp; Campaign Support

Mailing Address 1240 N Ogden St #4

City  
DenverState  
COZip Code  
80218-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.194451

Amount Incurred This Period

917.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

917.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Bastiat Creative LLC**

Nature of Debt (Purpose):

Fundraising Consulting Services

Mailing Address PO Box 660121

City  
AustinState  
TXZip Code  
78766-0121

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.194452

Amount Incurred This Period

388.76

Payment This Period

0.00

Outstanding Balance at Close of This Period

388.76

1) **SUBTOTALS** This Period This Page (optional)..... ►

1306.26

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 78 OF 79

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LIBERTARIAN NATIONAL COMMITTEE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Bastiat Creative LLC**

Nature of Debt (Purpose):

Fundraising Consulting Services

Mailing Address PO Box 660121

City  
AustinState  
TXZip Code  
78766-0121

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.194453

Amount Incurred This Period

422.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

422.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Fresh IP PLC**

Nature of Debt (Purpose):

Retainer

Mailing Address 10044 Bee Apple Plc

City  
MechanicsvilleState  
VAZip Code  
23116-0000

Outstanding Balance Beginning This Period

825.00

Transaction ID : SD10.190905

Amount Incurred This Period

0.00

Payment This Period

825.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Hudson, Matthew, , ,**

Nature of Debt (Purpose):

Graphic Design Service

Mailing Address 120 ASH ST

City  
GARDNERState  
MAZip Code  
01440-2130

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.194454

Amount Incurred This Period

1800.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1800.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2222.70

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 79 OF 79

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Johnston, Robert, S., Mr., III

Nature of Debt (Purpose):

Contract Labor Administration

Mailing Address PO Box 1633

City

Bel Air

State

MD

Zip Code

21014-7633

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.194456

Amount Incurred This Period

243.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

243.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Master Print - Vomela, Inc.

Nature of Debt (Purpose):

Non Candidate Party Printing

Mailing Address PO Box 854537

City

Minneapolis

State

MN

Zip Code

55485-4537

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.194455

Amount Incurred This Period

440.78

Payment This Period

0.00

Outstanding Balance at Close of This Period

440.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

683.78

2) TOTALS This Period (last page this line number only)..... ►

4212.74

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

4212.74